RULE 2202 - REGISTRATION FORM

YEAR:

SITE ID:

T Y P E   O R   P R I N T   A L L   I N F O R M A T I O N

Section I - General Information

Employer/Organization Name:

Worksite Address: _____

Street Number   (N, S, E, W)   Street Name   Type (St., Ave., Blvd.)

_____

Unit / Suite   Location / Mail stop

_____

City   State   Zip Code   County (LA, OC, RS, SB)

Highest Ranking Official at this Site:

Name   Title

Mailing Address:

(If different from site address)

Phone Number: (_____)_____   E-Mail Address:

Area Code

Fax Number: (_____)_____

Area Code

Contact Name:

Name   Title

Mailing Address:

(If different from site address)

Phone Number: (_____)_____   E-Mail Address:

Area Code

Fax Number: (_____)_____

Area Code

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator:

Name   Title

Mailing Address:

(If different from site address)

Phone Number: (_____)_____   E-Mail Address:

Area Code

Fax Number: (_____)_____   Has this person completed the Rule 2202 ETC Training?   Yes_____

Area Code   No_____

(If No, please explain)_____

Total number of employees reporting at this worksite: _____

Total number of employees reporting within the designated window at this worksite: _____

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

Signature of Highest Ranking Official: **Date:**

Section I (continued)

Check One Box Only

Select Type of Program:

- [ ] **Air Quality Investment Program** (Complete Sections I, II) pages 1-3.

- [ ] **Emission/Trip Reduction Strategies** (Complete Sections I, III) pages 1-2, 4 or 4-8 if applicable.

- [ ] **Employee Commute Reduction Program** (Complete Sections I, IV) pages 1-2, 5-25.

- [ ] **Employee Commute Reduction Program Offset** (Complete Sections I, IV) pages 1-2, 5-9, and 26.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

> South Coast Air Quality Management District
> Transportation Programs
> 21865 Copley Drive
> Diamond Bar, CA 91765

Please provide the site I.D. number and specify "Rule 2202" on all checks. **Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees.**

Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees.

Fees are subject to change each July 1st. Call (909) 396-FEES for latest information, or visit our Web Site at www.aqmd.gov to download Rules 308 and 311.

Site Street Address, City, Zip	Total # Employees	Amount Due
Late Fees, if applicable: (50% of submittal fee)		
Total Fees Submitted:		

Section III			
Emission/Trip Reduction Strategies Option			
1. **Enter** the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday.			
2. **Enter** the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window. Mark below how the CCVR was determined (see Supplemental Worksheets in Appendix B). **Check one:** Employee Survey* _____ Default AVR (1.1) _____ Other (attach explanation) _____ * Complete Section IV-2 AVR Verification Process (pages 5-8).			

Emission Reduction Target (ERT) Calculation	**VOC**	**NOx**	**CO**
3. **Enter** the Employee Emission Reduction Factors with respect to the worksite's Performance Zone. (see Table 1 in Appendix B). **Check one:** Zone 1 _____ Zone 2 _____ Zone 3 _____			
4. Multiply Line 1 times Line 3 and enter the results.			
5. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).			
6. Multiply Line 2 times Line 5 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).			
7. **Subtract** Line 6 from Line 4 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). **STOP** here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 8, and/or Line 9, and/or Line 11.			
Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area	**VOC**	**NOx**	**CO**
8. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).			
9. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.). For non-peak CCVR credits claimed, please enter CCVR here: _____			
10. **Enter** the sum of Lines 8 and Line 9.			
11. **Subtract** Line 10 from Line 7 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). **STOP** here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, surrender these credit amounts to AQMD			

Section IV – Employee Commute Reduction Program (ECRP) Option

Section IV-1. AVR Verification Process

A.   **Methodology:**
Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument:

☐   **District Approved**   *(If selected, complete B thru D.)*
AVR Survey   The 7-day survey form is available upon request for qualified employers.

☐   **Other**   This method requires prior AQMD approval.
(such as Random Sample, or Record-Keeping)

See Rule 2202 – Employee Commute Reduction Program Guidelines for additional information.

B.   **Survey Response Rate**

Number of surveys returned from employees reporting to work within the designated window.

☐   **divided by**

Total number of employees reporting to work within the designated window.

☐

Survey response rate (60% minimum response rate required.)

☐

C.   **Survey Week**
First day of survey

☐

Last day of survey

☐

D.   **Specific location where surveys/record keeping data are stored at your worksite**

☐

E.   **Police/Sheriff/Federal Field Agents Exclusion**

If you excluded Police/Sheriff/Federal Field Agents from the AVR calculation, please indicate the total number excluded:

☐

Section IV-1 (cont.) - F. Weekly Employee Survey Summary Form

Summarize the commute modes of employees reporting to work within the designated 6-10 a.m., Monday-Friday window

Days of the week: _____ _____ _____ _____ _____ *Hours:* _____ *through* ____

If different than Monday through Friday, and/or 6:00 AM to 10:00 AM, identify the 5 consecutive days and/or the 4 consecutive hours above

Mode	MON	TUE	WED	TH	FRI	Total
NSR. No Survey Response (60-89%)						
NSE. Surveys with Errors						
A. Drive Alone						
B. Motorcycle						
C. 2 persons in vehicle						
D. 3 persons in vehicle						
E. 4 persons in vehicle						
F. 5 persons in vehicle						
G. 6 persons in vehicle						
H. 7 persons in vehicle						
I. 8 persons in vehicle						
J. 9 persons in vehicle						
K. 10 persons in vehicle						
L. 11 persons in vehicle						
M. 12 persons in vehicle						
N. 13 persons in vehicle						
O. 14 persons in vehicle						
P. 15 persons in vehicle						
Q. Bus						
R. Rail/plane						
S. Walk						
T. Bicycle						
U. Electric Vehicle						
V. Telecommute						
W. Noncommuting						

Compressed Work Week Day(s) Off

Mode	MON	TUE	WED	TH	FRI	Total
X. 3/36 work week						
Y. 4/40 work week						
Z. 9/80 work week						

Other Days Off

Mode	MON	TUE	WED	TH	FRI	Total
AA. Vacation						
BB. Sick						
CC. Other						
DD. Other NSR (90% or higher response)						

DAILY TOTALS

Section IV-1 (cont.)

G. Weekly Employee/Vehicle Calculation

Mode	Column I		Column II
NSR. No Survey Responses (if 60%-89%)		NSR. divided by 1	
NSE. Surveys with Errors		NSE. divided by 1	
A. Drive Alone		A. divided by 1	
B. Motorcycle		B. divided by 1	
C. 2 persons in vehicle		C. divided by 2	
D. 3 persons in vehicle		D. divided by 3	
E. 4 persons in vehicle		E. divided by 4	
F. 5 persons in vehicle		F. divided by 5	
G. 6 persons in vehicle		G. divided by 6	
H. 7 persons in vehicle		H. divided by 7	
I. 8 persons in vehicle		I. divided by 8	
J. 9 persons in vehicle		J. divided by 9	
K. 10 persons in vehicle		K. divided by 10	
L. 11 persons in vehicle		L. divided by 11	
M. 12 persons in vehicle		M. divided by 12	
N. 13 persons in vehicle		N. divided by 13	
O. 14 persons in vehicle		O. divided by 14	
P. 15 persons in vehicle		P. divided by 15	
Q. Bus		Q. Bus	0
R. Rail/plane		R. Rail/plane	0
S. Walk		S. Walk	0
T. Bicycle		T. Bicycle	0
U. Electric Vehicle		U. Electric Vehicle	0
V. Telecommute		V. Telecommute	0
W. Noncommuting		W. Noncommuting	0

Section IV-1 (cont.)

G. Weekly Employee/Vehicle Calculation (cont.)

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)		**TV. Total Vehicles (NSR through P)**	

Other Days Off

AA. Vacation	
BB. Sick	
CC. Other	
*DD. Other NSR (90% or higher)	
EE. Total (ET + AA + BB + CC + DD)	
FF. Number of employees in window	
GG. Multiply box FF by 5	

*DD Other: No Survey Response for employers that have achieved a 90% or higher survey response rate.

Note: Numbers in boxes EE & GG must be the same.